

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Location: Virtual Meeting via WebEx

Wednesday, April 22, 2020

5:30 p.m. to 7:30 p.m.

MEETING MINUTES

ATTENDEES:

MEMBERS:

Guy Durant
Elizabeth Garrison, SOME
Sharra Greer, Children's Law Center
Robert Hay Jr., MSDC
Suzanne Jackson, GW Law Health Rights Clinic
Mark LeVota, DC Behavioral Health Assoc.
Judith Levy, DC Coalition on Long Term Care
Justin Palmer, DCHA
Ian Paregol, Coalition of Disability Service Providers
Eric Scharf, Depression and Bipolar Alliance
Veronica Sharpe, DCHCA
Tamara Smith, DCPCA
Topher Spiro, Center for American Progress
Joe Weissfeld, Families USA
Christian Barrera, DACL
Melisa Byrd, DHCF
Dr. Barbara Bazron, DBH
Marsha Lillie-Blanton, DBH
Maude Holt, DC Ombudsman & Bill of Rights
Amy Maisterra, DCPS
Heidi Schumacher, OSSE

GUESTS:

Rachel Gass, Commission on Persons w/Disabilities
Sam Cornish
Eric Walcott
Claudia Schlosberg
Judy Berman
Nikhil Holla
Scott Henderson, Centene
Patti Rohman
Victor Chatain, careMESH
Stephanie Hafiz, AmeriHealth Caritas
Erin Loubier, Whitman-Walker Health
Julie Kozminski, Unity Health Care

GUESTS CONT'D:

Mandi Chapman
Wade Rakes
Ricardo Berman
Garlinda Bryant-Rollins, DHS
Brian Campbell, DHS
Lisa Proctor, HSCSN
Karen Wills
Ronald Swanda
Laura Meyers
Tim Sullivan
Gina Brooks
Michelle Roett, MedStar Georgetown Uni. Hospital
Nevena Minor, DBH
Abby Charles
Lindsay Djinge
Tina Nelson
Mehra Rinku, Amerigroup
Ilana Xuman, Leading Age DC
Bernard Arons
Patricia Quinn, DCPCA
Pamela Riley, DHCF
Angelique Martin, DHCF
Lisa Truitt, DHCF
Karina Wagnerman, DHCF
De Colman, DHCF
Cavella Bishop, DHCF
April Grady, DHCF
Amanda Forsythe, DHCF
Bill Hanna, DHCF
Erin Holve, DHCF
Amani Alexander, DHCF
Alex Tierney, DHCF
Katherine Rogers, DHCF
Alice Weiss, DHCF
Lorena Ortiz, DHCF

Mary Devasia, DHCF
Melanie Williamson, DHCF

Dorinda White, DHCF
DaShawn Grove, DHCF

I. Call to Order

The meeting was called to order at 5:33 pm by Mr. LeVota, MCAC Chair.

II. Approval of Minutes

Motion by Ms. Smith, seconded by Ms. Garrison to approve the February 26, 2020 and the March 25, 2020 minutes. Motion passed and the minutes were approved as written, without objection.

III. Senior Deputy Director/Medicaid Director Report – Melisa Byrd

a. DHCF – Coronavirus (COVID-19) response

Ms. Byrd provided an update on DHCF's response to the Coronavirus (COVID-19) pandemic. *(For full details of the presentation, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the Apr. 22 Meeting Materials link.)*

Ms. Byrd stated that the intent of the presentation was to ensure MCAC had a document that provides an overview of the authorities Medicaid agencies have under a Public Health Emergency and some of the steps taken by DHCF to date. DHCF's focus has been continuity of care for beneficiaries. DHCF is thinking about the short-term and ensuring that beneficiary's have access to services and the providers have some funding to cover unanticipated costs.

Ms. Weiss provided an update on the eligibility changes DHCF had made. DHCF published transmittal 20-10 which provided guidance on policy changes which extended eligibility for current beneficiaries and eliminated the requirement to report changes. For new applicants, DHCF eliminated the face-to-face requirement for Alliance and allowing self attestation for all eligibility requirements for all programs except citizenship and level of care assessment for long term care or Katie Beckett services. Additionally, in coordination with DHS, DHCF has published an online version of combined application used for non-MAGI, Alliance, and ICP applications. Long term care applications are being accepted over the phone with telephonic signature eliminating the need for a face-to-face application. DHCF has published a FAQ and will be publishing a notice in the DC Register in May to communicate these changes. Finally, DHCF is drafting a brochure explaining the various health care options in the District.

Mr. Durant asked if there are minimum wage healthcare workers that can't afford healthcare and can't afford COVID Testing that qualify for Medicaid. Ms. Byrd shared that most individuals should qualify for Medicaid or the Alliance and that there are no out of pocket costs for COVID testing in the program. Ms. Weiss forthcoming brochure which will provide information on eligibility income amounts and reminded the group that eligibility is based on monthly income. Individuals who may have been ineligible one month but have since lost employment may now be eligible.

Ms. Smith inquired about the end date of the Public Health Emergency (PHE). Ms. Byrd reminded the group that there is both a federal PHE and a local PHE. Ms. Weiss stated, the public health emergency declared by the Secretary of HHS ends 90 days after the Secretary's declaration, or longer if extended. The original declaration was on January 31, so the 90 day period will technically end on April 30, 2020, but it is likely to be extended.

Mr. Eric Wolcott, DC Home Health Association, shared that health care professionals in the home care setting continue to experience access issues to COVID-19 testing once being exposed to positive tested beneficiaries. Access issue may have resulted in spreading of virus to unsuspecting family members. How can DHCF work with DOH/HEPRA to allow for more expedited access to testing for PCAS and Nurses working in the Home Care Setting? Ms. Byrd shared that the long term care team meets twice weekly with DC Health to address issues. DHCF will raise this issue at the next meeting.

Mr. Brian Campbell, DHS/ESA, shared that DHS has implemented all of DHCF's policy changes. Medical applications are moving very smoothly because of policy changes. DHS has not been able to get similar waivers for SNAP applications, so DHS is having more of a lag for those applications, however, still within in timely processing. DHS has consolidated service center operations to three sites and 95% of DHS staff are teleworking. Looking to transition to non-eligible staff change functions to increase that increase processing times.

Mr. Durant noted that the Convention Center was being setup for COVID overflow and inquired as to whether Providence Hospital be used for COVID Overflow. Ms. Smith noted that there some issues with asbestos and that any requirements to renovate would take much longer than the timeframe of the current PHE. Mr. Palmer added that the facility could not be operationalized in time for the surge because it has been out of commission for a year. The hospitals have all submitted their surge plans within the four walls of their facility with is the Districts preferred location to treat patients.

Ms. Jackson, if eligibility could be expanded to include all PCAs who are otherwise uninsured since earning minimum wage would make someone ineligible for Alliance. Ms. Byrd noted that DHCF is exploring to option of covering COVID testing for uninsured individuals. Ms. Weiss noted that income limits are based on household size not individual income and that there are options via the Health Benefits Exchange.

b. DHCF Reforms - Update

Ms. Byrd provided an update on DHCF's Medicaid reform efforts.

(For full details of the presentation, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the Apr. 22 Meeting Materials link.)

Ms. Byrd noted that DHCF is making no changes to the FFS transition timeline. DHCF has delayed implementation of the Highly Integrated Dual Eligible Special Needs Plan (HIDE-SNP) one year to January 1, 2022. DHCF will continue to have D-SNPs but Medicare Advantage plans will not be responsible for Medicaid Services in 2021.

Ms. Schlosberg asked if DHCF planned to amend or rebid the non-emergency medical transportation (NEMT) contract as a result of the managed care RFP. Ms. Byrd shared that DHCF does not plan to make changes and that staff are currently working on to procure a new NEMT contract based on the regular procurement cycle.

Ms. Byrd reiterated that implementation of the EPD Waiver amendment will be postponed until after the PHE ends.

IV. New Business

a. Roundtable updates on COVID response

Mr. LeVota asked how DHCF is preparing for an influx of new beneficiaries. Ms. Byrd and the data team have reviewed the HMA estimate. At this time, DHCF has not seen a significant enrollment increase. Fortunately, the enhanced federal funding will help cover the cost because of course Medicaid is an entitlement. Once the enhanced funding ends there will be some challenges going forward.

Mr. Durant asked, when will more widespread testing of all Medicaid Recipients for COVID take place and not just those with symptoms since more testing is needed before DC can get back open. Ms. Byrd shared that the Mayor's press conference included information about increasing testing capacity and that everyone agrees that testing is critical to reopening.

Ms. Levy presented recommendations of the DC Coalition on Long Term Care related to supporting home health workers. The recommendations are available at: on the MCAC website: <https://dhcf.dc.gov/page/dc-medical-care-advisory-committee> under the Apr. 22 Meeting Materials link. Mr. Palmer shared the DCHA has been working on transportation issues for employees in response to reduction in service at Metro. Services DCHA has put in place have targeted late night and early morning shifts when Metro is not operating.

Ms. Garrison noted that SOME is finding that telephone and video medical and behavioral health services are still a large barrier for individuals who are homeless. She asked, what could be done to provide supports such as phones, charging stations, and video kiosks in shelters and other sites serving vulnerable individuals who are homeless. Ms. Byrd stated that other states have worked with managed care plans to provide services and encouraged any plans to provide additional information and the DHCF can raise the issue with sister agencies. Ms. Erin Holve alerted the group to funding from the FCC for health providers to get telehealth resources including phones however Medicaid is not allowed to coordinate applications. Ms. Smith added that DCPCA is working on a consortium application with the idea that devices would be provided to patients with chronic conditions and the phones would be loaded with data and software needed. Organizations are eligible for up to \$1 million. For the FCC telehealth application, please see: <https://www.fcc.gov/covid-19-telehealth-program>

Mr. Walcott asked about data regarding the number of health care professionals who tested for COVID-19. Mr. Durant asked who is responsible for tracking testing. Ms. Byrd shared the Mayor's situational update which provides information on testing in facilities and that DC Health is responsible for tracking. Ms. Veronica Sharpe cautioned that there is variability in how nursing facilities choose to test, and the reporting needs to be tightened up. Mr. Durant shared that community members are scared to go to hospitals. That drive-up options are great but that we need to know the infection rate of health care providers because people are concerned when they hear about health care workers being infected.

b. Special Meeting – May 20

Mr. LeVota asked for a motion to schedule a special meeting related the FY21 budget. Mr. Hay moved to schedule a meeting for May 20 at 5:30. Seconded by Ms. Greer. Motion approved.

c. MCAC Leadership – Call for Nominations Chair, Vice Chair

Mr. LeVota informed MCAC that nominations were open. Nominations can be sent to Bill Hanna and william.hanna@dc.gov. The vote will be scheduled for the June MCAC meeting. Nominations will be accepted from the floor.

V. Opportunity for Public Comment

No additional comments from the public.

VI. Announcements

No announcements.

VII. Adjournment

Mr. LeVota adjourned the meeting at 7:17 pm.

DRAFT